

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME		FEC IDENTIFICATION NUMBER ▼ C C00594176	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cumulus Media		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016	
Mailing Address 1033 Jefferson St NW		Amount 2430.00	
City Atlanta	State GA	Zip Code 30318	Transaction ID : SE.4626
Purpose of Expenditure Advertising - Radio (Also supports Ted Cruz)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Entercom Communications Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016	
Mailing Address 401 City Ave Ste 809		Amount 1500.00	
City Bala Cynwyd	State PA	Zip Code 19004	Transaction ID : SE.4627
Purpose of Expenditure Advertising - Radio (also support Ted Cruz)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3930.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Marston

[Electronically Filed]

Date

MM / DD / YYYY
04 / 15 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MAKE AMERICA AWESOME		FEC IDENTIFICATION NUMBER ▼ C C00594176	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Media One Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016	
Mailing Address 2 Orchard Rd		Amount 720.00	
City Jamestown	State NY	Zip Code 14701	Transaction ID : SE.4628
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PMJ Communications, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016	
Mailing Address 5490 County Route 64		Amount 170.00	
City Hornell	State NY	Zip Code 14843	Transaction ID : SE.4629
Purpose of Expenditure Advertising - Radio (Also Supports Ted Cruz)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	890.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Sound Communications, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 13 / 2016	
Mailing Address 231 N Union St		Amount 180.00	
City Olean	State NY	Zip Code 14760	Transaction ID : SE.4630
Purpose of Expenditure Advertising - Radio (also supports Ted Cruz)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	5000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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